

**SECRETARY OF STATE
ADVANCE TRAVEL EXPENSE REQUEST**

DATE REQUESTED

DATE NEEDED

ISSUE TO (NAME)

EMPLOYEE ID NUMBER

DIVISION

BUREAU OR WORK UNIT

THIS SECTION MUST BE COMPLETED IF WARRANT IS TO BE HELD FOR PICKUP AT THE FISCAL SERVICES UNIT:

PERSON TO CONTACT

PHONE NUMBER

THIS SECTION MUST BE COMPLETED IF WARRANT IS TO BE MAILED DIRECTLY TO RECIPIENT.

STREET ADDRESS OR PO BOX

CITY

STATE

ZIP CODE

PLEASE ALLOW A MINIMUM OF 5 DAYS FOR PROCESSING THIS REQUEST.

WORKSHEET OF PROJECTED EXPENDITURES:

MEALS

\$

LODGING

\$

TRANSPORTATION
(other than commercial)

\$

OTHER EXPENSES

\$

COMMERCIAL TRANSPORTATION
(only if purchased by traveler)

\$

TOTAL REQUESTED

\$

I agree that any portion of this travel advance in excess of my allowable, reimbursable travel-related expenses must be returned to the Secretary of State.

(must be \$50.00 or greater to be processed)

SIGNATURE (Individual Requesting Advance)

SUPERVISOR'S APPROVAL

DATE

Date of Departure: _____

Return Date: _____

Purpose of travel: _____

ACTUAL TRAVEL EXPENSES WILL BE ACCOUNTED FOR IN FULL UPON COMPLETION OF TRAVEL ON STATE OF MONTANA TRAVEL EXPENSE VOUCHER (FORM DA-101).

Please note any special instructions or requests: _____

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